

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 2	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.									
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.									
1. CONTRACT/PURCH ORDER NO. SP0760-01-D-7945		2. DELIVERY ORDER NO. 1020		3. DATE OF ORDER (YYMMDD) 2004 MAR 15		4. REQUISITION/PURCH REQUEST NO. YPC04075000907		5. PRIORITY	
6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD STREET P.O. BOX 16704 COLUMBUS, OH 43216-5010				7. ADMINISTERED BY (If other than 6) SC0700 DEFENSE SUPPLY CENTER COLUMB DSCC-MEECL 614-692-2724 BOX 16704 (TRANS 614-692-2175) COLUMBUS OH 43216-5010		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR OHIO TRANSMISSION CORPORATION DBA OHIO TRANSMISSION & PUMP 1900 JETWAY BLVD COLUMBUS OH 43219-1681				10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
14. SHIP TO DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM				15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER ATTN DFAS CO BVDPC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 FAS CUSTOMER SERVICE 1-800-756-4571 COLUMBUS, OH 43218-6205		12. DISCOUNT TERMS I/A/W/ BASIC CONTRACT		13. MAIL INVOICES TO SEE BLOCK 15	
16. TYPE OF ORDER <input checked="" type="checkbox"/> DELIVERY <input type="checkbox"/> PURCHASE		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)			
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		
	Remarks: Terms and conditions are in accordance with Basic Contract. For Overseas (OCONUS) Shipments use DD Form 1387 (Military Shipment Label). The form and instructions for completing it are available at http://www.dscc.dla.mil/Offices/Packaging/forms.html								
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. 26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO. 32. PAID BY 33. AMOUNT VERIFIED CORRECT FOR		25. TOTAL \$ 324.87 29. DIFFERENCE 30. INITIALS 34. CHECK NUMBER 35. BILL OF LADING NO.	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)	
				40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

CONTINUATION SHEET

Order Number:

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SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code LMH

Required Delivery Date 777

6146923449 Post Award Administrator DENA VERNON

P/N 18690-0000 Manufacturer's CAGE - 31425

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7101	PR YPC04075000907	1	EA	324.87	324.87
	NSN 4320-00-566-9524				

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: DEST

ACCEPTANCE POINT: DEST

DELIVERY FOB: DESTINATION

BY: 2004 APR 14

RDD 777 CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT

PARCEL POST ADDRESS:

FREIGHT ADDRESS:

FB4802

FB4802 49 MMSS LSGPAR

BLDG 902 CML PHN 505 572 3006

1273 BEAR PATH RD RM 109

HOLLOMAN AFB, NM 88330-7901

M/F: (TCN) FB480240720005

RDD: 777 PROJ:

PRIORITY: 05

END OF AWARD